

Date:
Company Name:
Contact Person:
Direct Phone Number:

Re: Merger

This form briefly outlines the necessary filings this office requires accomplishing the change. Please supply the following items.

1. File an explanatory cover letter.
2. File duly executed copies of the agreement to merge.
3. File a copy of the Order of Hearing of Approval of this transaction, issued by the insurance department(s) of the domiciliary state(s) involved.
4. Surrender the Montana Certificate of Authority for non-surviving company for cancellation.

If you have any questions please contact 406-444-2040.